ĎECLÁRATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY'S DOCKET NO.
TS. 9501 USA P

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention **entitled**

SILICON RUBBER COMPRISING AN EXTENDER OIL AND PROCESS TO PREPARE SAID EXTENDER OIL the specification of which is attached hereto unless the following box is checked:

(X) was filed on 18 July 2003

as United States Application Number or PCT International Application Number PCT/EP2003/007861
and was amended on PCT/EP2-003/07861

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR & 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. & 119(a)-(d) or & 365(b) of any foreign application(s) for patent or inventor's certificate, or & 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

International application having a	a filing date before that of the application	on which priority is claimed.	•	
			Priority	
PRIOR FOREIGN APPLICATION	N(S)		Not Claimed	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YE.	AR FILED	
02016088.3	EPC '	19 J	uly 2002 🖟 🗀	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YE	AR FILED	
I hereby claim the benefit under 3	35 U.S.C. & 119(e) of any United States	provisional application(s) listed belo	ow	
APPLICATION SERIAL NO.		FILING DATE		
APPLICATION SERIAL NO.	· · · · · · · · · · · · · · · · · · ·	FILING DATE		
acknowledge the duty to disclose	International application in the man e information which is material to pate or application and the national or PCT In FILING DATE	ntability as defined in 37 CFR & 1. nternational filing date of this applic	56 which became available	
AFFLICATION SERIAL NO.	TIEING DATE	5111105111	121(122, 121(21(3)	
APPLICATION SERIAL NO.	FILING DATE	STATUS-PA	STATUS-PATENTED, PENDING, ABANDONEI	
I hereby appoint the following a Trademark Office connected ther	attorney(s) and/or agent(s) to prosecute rewith:	this application and to transact all	business in the Patent and	
NAME	ATTORNEY/AGENT	REGISTRATION NUMBER	TELEPHONE NUMBER	
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NAME	ATTORNEY/AGENT	REGISTRATION NUMBER	TELEPHONE NUMBER	
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			Revised June 1995	

SEND CORRESPONDENCE TO:

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Rec'd PST/PTO 1 9 JAN 2005

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLL NAME OF SOLE OR FIRST INVENTOR (given name, family name)	
NULL, Volker Klaus	
INVENTOR'S SIGNATURE	DATE SIGNED
1/1/5/hl	-
RESIDENCE	10 September 2004 CITIZENSHIP
Hohe-Schaar-Strasse 36, D 21107 Hamburg, Germany	German
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, g, co	
FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)	
(granding)	
SECOND INVENTOR'S SIGNATURE	DATE SIGNED
	2,112 5.6.122
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)	
THIRD INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)	
FOURTH INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY (given name, family name)	
FIFTH INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	